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# ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 02 Issue 10

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## Message from the Chief



This Memorial Day weekend, I had the distinct pleasure to participate in two wonderful ceremonies. One honored the many and significant contributions made by the literally thousands of great Army Nurse Corps Officers who gave so much over the past 101 years supporting the health and wellness of our great soldiers. The other ceremony paid tribute to nurses from all branches of service, who provided quality nursing care to our service men and women, whenever and wherever they were needed. The first ceremony was in Fullerton, California where World War II Veterans gathered in the Loma Vista Memorial Park to pay tribute to the selfless sacrifice that military nurses have committed to this great nation. My second speaking event was in Boston, Massachusetts where I spoke at the Army Nurse Corps Association. Attendance at both events was overwhelming and I was truly honored to have been a part of such noteworthy ceremonies.

On Memorial Day we paid tribute to over 1 million veterans who lost their lives in service to America. Nurses have been on the forefront serving proudly and caring for the sick and wounded long before we had an official military nurse corps.

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[www.armymedicine.army.mil/otsge/nurse/index.htm](http://www.armymedicine.army.mil/otsge/nurse/index.htm)

ANC Branch PERSCOM:

[www.perscomonline.army.mil/ophsdan/default.htm](http://www.perscomonline.army.mil/ophsdan/default.htm)

Nurses were on the battlefield during the Revolutionary War, the Civil War, and the Spanish-American War. It was during the Spanish-American War that the need for the establishment of an Army Nurse Corps surfaced and was acted upon.

So on this Memorial Day, we remembered the 21,500 active duty nurses who served during WWI and the 270 that gave the ultimate sacrifice for their country—their

lives. We honored the 57,000 Army nurses who served in World War II for their patriotism, the 215 Army nurses who lost their lives, and the 67 who were taken into captivity as POWs for 37 months during the fall of Corregidor. This Memorial Day, we remembered and honored those who served in Korea, Vietnam, Grenada, Panama, Haiti, Somalia, Afghanistan, Bosnia, Kosovo, Kuwait, and 60 other countries around the world. We honored those nurses serving within the borders of the United States for they too have seen and experienced being on the front lines caring for victims from the cowardly attacks of the September 11<sup>th</sup>. We recognized the hundreds of Army Nurses who care for our great soldiers, their families, and our deserving retirees in the many Army health care facilities worldwide.

### **Reviewing Stand Awaits Approach of the Colors for Memorial Day Salute to the Nurses**



Left to right: Col. Sally Petty, USAF, Commander Judith Lohman, USN, BG William Bester, USA, and A.B. Buck Catlin, Commander USN (Ret.), Master of Ceremonies

I believe it is absolutely fitting and proper that we remember the many past and present contributions that the members of our Army Nurse Corps family have made to this great nation of ours. I thank all of you for your dedication and relentless service and for the quality nursing care you provide to our great military forces.

### **Army Nurses are Ready, Caring, and Proud!**

Bill Bester  
BG, AN  
Chief, Army Nurse Corps

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### ANC Newsletter Article Submissions

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to MAJ Laura Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to edit and review any item submitted for publication after their nursing chain of command reviews the article.

**PERSCOM UPDATE**

**Army Nurse Corps Branch Web Page**

The direct address for our web page is:  
[www.perscomonline.army.mil/ophsdan/default.htm](http://www.perscomonline.army.mil/ophsdan/default.htm). Please visit our website to learn more about the AN Branch and for matters pertaining to your military career.

**Personnel Changes at AN Branch**

**LTC Jane Newman** assumes the position of Assistant Chief, AN Branch. She will remain as the PMO for 66E and 66F.

**MAJ Doreen Agin** replaces LTC Angela Ross, PMO for 66B, 66C, 66G, and 66G8D. MAJ Agin comes to us from William Beaumont Army Medical Center, TX, where she served in a variety of assignments to include Deputy Director of the Practical Nurse Course, Head Nurse of Inpatient Psychiatry, and Psychiatric Clinical Nurse Specialist. She received her BSN from University of Oklahoma and her MS from Texas Woman's University.

**MAJ Patrick Ahearne** replaces LTC Sherie Haga-Hogston in August 2002. He will be the PMO for MAJ and CPT(P) 66H, 66H8A, 66HM5, and all ranks 66P. MAJ Ahearne is coming from Camp Casey, Korea as Chief Nurse. He previously served as the ANC Fellow at Fort Sam Houston, TX. He received his MS from University of Maryland at Baltimore and his BSN at University of Michigan.

**MAJ(P) Flavia Diaz-Hays** replaces LTC Charly Hough, PMO for all 66H LT and new accessions. MAJ(P) Diaz-Hays served as the Chief, Nurse-Midwife at USAMEDDAC, Fort Campbell, KY. She is a board-certified nurse midwife, and received her MSN degree from East Carolina University. She also received her MA from Central Michigan University, and her BSN from Rutgers State University.

**CPT James Simmons** replaces CPT(P) Bob Gahol, Future Readiness Officer. CPT Simmons came from Brooke Army Medical Center, TX where he served as a Practical Nurse Course instructor and ICU staff nurse. He received his MA from Webster University and BSN from Austin Peay State University.

Please join us in welcoming the new staff at AN Branch.

**Upcoming Boards:**

29 Jul - 02 Aug 2002	LTHET Board
23 - 26 Sep 2002	Chief Nurse Advisory Board
01 - 11 Oct 2002	MAJ AMEDD
Nov 2002	LTC Command Board
Dec 2002	COL Command Board

See PERSCOM Online ([www.perscom.army.mil](http://www.perscom.army.mil)) for MILPER messages and more board information. To access the messages, go to PERSCOM Online, double click "Hot Topics", and then select MILPER Messages.

**FY02 Chief Nurse Advisory Board:** 23-26 September 2002. Eligibility: LTC(P) or higher, have less than 336 months AFCS as of 1 June 2002; Masters Degree; MEL 4 or higher; no approved retirement; not under suspension of favorable personnel actions; and two years time on station.

**Projected Chief Nurse Vacancies for Summer FY03:**

**MEDCEN:** Landstuhl Regional Medical Center (Germany) and 18<sup>th</sup> Medical Command (Korea).

**TO&E Group:** 44<sup>th</sup> Medical Brigade (Ft Bragg).

**Large MEDDAC:** Fort Benning, Fort Campbell, and Fort Hood

**Medium MEDDAC:** Fort Wainwright (Alaska), Fort Riley, Fort Sill, West Point, Fort Belvoir, Fort Eustis, Fort Leonard Wood, Fort Irwin, Fort Stewart, Heidelberg, and Wuerzburg.

**Small MEDDAC:** Fort Huachuca, Fort Meade, and Redstone Arsenal.

POC is COL Sharon Feeney-Jones, DSN 221-2395, e-mail [feeneys@hoffman.army.mil](mailto:feeneys@hoffman.army.mil).

**LTHET**

We applaud your hard work and patience over the past few months as we progressed through the LTHET application process. Now that we have completed the first phase, let us outline what happens next. The LTHET board convenes 29 July – 2 August 2002. Prior to the board, AN Branch will review each of your personnel records (microfiche/ORB) to identify missing documents such as OERs, AERs, awards etc. AN Branch will notify you if something of significance is needed to complete the record.

\*AN Branch notifies Chief Nurses of the board results (usually September), who then informs the LTHET applicants. Officers should **NOT** call branch for results. AN Branch will send officers selected for school a letter of congratulations and a LTHET Agreement. The Agreement confirms the officer's selected specialty, tuition cap guidelines and Active Duty Service Obligation (ADSO). Please note the following:

Degree/Specialty	Length of Programs	ADSO
MSN	21 months	4 years
CHN/MPH	24 months	4 years
Midwifery	24 months	4 years
FNP	24 months	4 years
Baylor	24 months	4 years
Anesthesia	30 months	4.5 years
Ph.D. in Nursing	36 months	5 years
Ph.D. in Sciences	48 months	6 years

**Tuition Cap \$3000/Semester or \$2250/quarter**

Officers selected to attend civilian schools apply and seek acceptance to a civilian school in the Jan/Feb 2003 timeframe. An official letter of acceptance must be received at AN Branch NLT Feb/Mar before a RFO is generated. Officers report to school 10 days before the first day of classes (not orientation). \*Anesthesia programs (UTHSC & USUHS), FNP & Perioperative programs (USUHS), and the Baylor program usually start in early June, while civilian MSN/Ph.D. programs start the last week of August or early September.

Officers who submitted waiver requests and were approved must satisfy those obligations before attending school (i.e. must attend Officer Advanced Course, accept Regular Army, or accept Voluntary Indefinite status etc.).

Coordinate with your Chief Nurse to attend an Officer Advanced Course that causes the least disruption to the unit/organization. Potential OAC dates include:

\*22 September 2002 – 26 November 2002

\*06 January 2003 – 11 March 2003

\*09 July – 10 September 2003 (Only an option if school starts in late September)

\*The information above is provided for general planning purposes. Dates are subject to change.

**\*\*\*HOT NEWS FLASH\*\*\***  
**SECOND 66F LTHET BOARD**

The U. S. Army Graduate Program in Anesthesia Nursing Course (6F-66F) has not received a sufficient number of qualified applicants to fill the FY-03 class. The 66F anesthesia nursing area of concentration (AOC) is among the critically short AOCs. The budgeted end strength for 66Fs is 277. There are 198 distributable 66Fs, which equates to a 71% fill. It has been necessary to contract civilian nurse anesthetists (CRNAs) to supplement the shortfall. Depending on location, civilian CRNA contracts pay from \$70 to \$100 per hour. Presently, in the MEDCENs alone, the AMEDD is spending \$2,700,000 per annum for the equivalent of 21.5 FTEs.

PERSCOM and APPD have determined that the 6F-66F Anesthesia Nursing Course must graduate 36 CRNA students to fill critical staffing shortages. To graduate 36 CRNAs, the 6F-66F Course must be filled therefore, **AN Branch PERSCOM has authorized a second LTHET Board to meet in late October to consider additional applicants for the U. S. Army Graduate Program in Anesthesia Nursing.** FY-03 U.S. Army Nurse Corps (ANC) Long Term Health Education and Training Guidelines for Application to the Anesthesia Nursing Course are applicable. **Applicants are to request waivers, if applicable. Army Officers who sent a packet to PERSCOM for the FY-03 Course, but did not follow-up with an application to the University of Texas at Houston (UTHSC-H) are highly encouraged to complete the application process. Those officers whose Graduate Record Examination (GRE) scores did not meet the minimum requirement are highly encouraged to take a GRE course, retake the test, and resubmit their scores. Officers who are interested in applying, but did not originally submit an application should now apply.** Timelines for this unscheduled LTHET board will be forthcoming. Please encourage all officers who have expressed an interest in becoming a nurse anesthetist to apply for this additional Board.

**Short Courses**

To find out the updated class schedule, please visit the Army Nurse Corps branch web site at

<https://www.perscomonline.army.mil/ophsdan/profdevt.htm>

To find the latest course schedules for military short courses check the following web sites:

Combat Casualty Care Course (C4) and Joint Operations

Medical Management Course (C4A): [www.dmrta.army.mil](http://www.dmrta.army.mil)

Chemical Casualty Course: [www.ccc.apgea.army.mil](http://www.ccc.apgea.army.mil)

HNLDC and ANLDC: [www.dns.amedd.army.mil/ANPD/index.htm](http://www.dns.amedd.army.mil/ANPD/index.htm)

The Department of Nursing Science, AMEDDC&S **Head Nurse Leadership Development Course** is scheduled for **18 - 30 August 2002. Please note the course date change.**

There are seats and funding available. Contact MAJ Lang to register.

**Preparation for TDY Courses**

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to pass the course.

**Officer Advanced Course**

Officer Advanced Courses scheduled for July and September are almost full. Officers who completed Phase I should contact their Education Officer to enroll in Phase II ASAP.

Officers should not report to the AMEDD Officer Advanced Course without being confirmed a seat in the Army Training Requirements and Resources System (ATRRS). MAJ Lang is responsible for entering officers into the ATRRS system after receiving proper notification from the officer's unit. Officers who report to OAC without proper registration are subject to being returned to their unit. Officer Advanced Course dates are posted at: <https://www.perscomonline.army.mil/ophsdan/profdevt.htm>

**CGSC and CAS3 through the Reserves**

Command and General Staff College and Combined Armed Staff Services School through the Reserve Component is an excellent way to fulfill Military Education Level requirements when residence schooling is not an option. Plan early. Send your completed 3838s, signed by your respective chain of command and fax to MAJ Gary Lang at DSN 221-2392, com. 703-325-2392 ([langg@hoffman.army.mil](mailto:langg@hoffman.army.mil)). Please note that CGSC RC is centrally funded, however, CAS3 RC is funded by your installation (similar to Officer Advanced Course). Both CGSC and CAS3 RC are popular programs, so seats and funding deplete early. Individual facilities can elect to fund an officer for CGSC if central funding is not available.

Information for the Reserve Component (RC) CAS3 can be found on line. The information pertains to AD officers attending Reserve Component CAS 3. Points of contact (POC) for specific reserve component regions are listed. Please do not attempt to register on-line.



If you are currently enrolled in another service's CGSC or are contemplating signing up for another service's CGSC, please contact your PMO PRIOR to enrolling to discuss your plan.

#### **Generic Course Guarantee**

Information on GCG is located in our website (<http://www.perscom.army.mil/ophsdan/profdevt.htm>).

#### **AOC/ASI Producing Courses POCs**

Critical Care Course, Emergency Nursing Course: MAJ(P) Diaz-Hays at [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil)  
Psychiatric-Mental Health and OB-GYN Nursing Course Manager: MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil)

Please check the AN branch web site at [www.perscomonline.army.mil/ophsdan/default.htm](http://www.perscomonline.army.mil/ophsdan/default.htm) (click on professional development) for information on application suspense dates to AN branch or contact MAJ(P) Diaz-Hays at [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil), or MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil)

Calling all Psychiatric nurse wanna-be's! There is an OCT 02-FEB 03 Psychiatric-Mental Health Nursing course at WRAMC and we are looking for applicants for this course. If you are interested, please contact your Chief Nurse or MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil)

There are **seats available** in the NOV 02 OB-GYN Nursing course. Please contact your Chief Nurse or MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil) if you are interested or need more information.

Perioperative Nursing Course Manager: LTC Newman at [newmanj@hoffman.army.mil](mailto:newmanj@hoffman.army.mil).  
Community Health Nursing Manager: MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY02 AOC/ASI Course dates are listed at <https://www.perscomonline.army.mil/ophsdan/profdevt.htm>.

#### **Assignment Opportunities for 66F and 66E**

Assignment opportunities are available for 66Fs and 66Es in a variety of locations, please check our website at <https://www.perscomonline.army.mil/OPhsdan/assignment.s.htm>. For these and other opportunities, please inquire to LTC Newman ASAP, [newmanj@hoffman.army.mil](mailto:newmanj@hoffman.army.mil).

#### **Assignment Opportunities for 66B and 66G8D**

Assignment opportunities are immediately available for 66G8D at Fort Wainwright, Alaska and 66B (MAJ/P or above) at WRAMC Wellness Center. There is also a position opening for Spring 2003 for 66G8D at Fort Drum, NY. Please contact MAJ Doreen Agin, [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil), for details.

#### **Assignment Opportunities for 66H Lieutenants**

Assignment opportunities available for 66H Lieutenants include WBAMC (El Paso, TX), Ft. Polk, LA, Ft. Irwin, CA, Ft. Jackson, SC, West Point, NY, and Alaska. If interested, please contact MAJ(P) Diaz-Hays at [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil).

#### **Assignment Opportunities for Captains**

There is a great opportunity for a 66H/8A/M5 to be assigned to the 528<sup>th</sup> Support Battalion / Special Operations at Fort Bragg, North Carolina. Since this is a new requirement, a replacement is needed by October 2002. Officer must be airborne qualified and have OAC. 66H and 8A officers are needed in Germany, Alaska and Korea. Officers that volunteer for Korea can have their follow-on assignment negotiated. I still need Division Nurses in Hawaii and Germany. This is a great opportunity for a midlevel/senior captain. **Recruiting positions and White House Nurse position selection process will begin in July.** If interested please notify your Chief Nurse and then contact MAJ(P) Krapohl at [krpohl@hoffman.army.mil](mailto:krpohl@hoffman.army.mil).

#### **AN BRANCH PERSONNEL E-MAIL ADDRESSES**

Please note that our e-mail addresses are now linked with global outlook. Our e-mail addresses are as follows:

COL Feeney-Jones <a href="mailto:feeneys@hoffman.army.mil">feeneys@hoffman.army.mil</a>	MAJ Ahearne <a href="mailto:ahearnep@hoffman.army.mil">ahearnep@hoffman.army.mil</a>
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#### **Smart Tips from the Future Readiness Officer**

##### **CPT(P) Bob Gahol**

**Frequently Asked Questions About Oers: Rater Information**  
OER website at <https://www.perscomonline.army.mil/tagd/oers/rater.htm>

**1. Q:** How do we complete Part Vc, Unique Professional Skills or Areas of Expertise and Potential Career Field recommendation?

**A:** Part Vc is a two-part question. First, comments on unique skills or areas of expertise are optional. Not all officers have unique skills or are experts in a particular area. The second part is the mandatory career field designation entry for ACC CPT through LTC reports. This does not apply to the special branches (AMEDD, SJA or Chaplain Corps). Recommendation will read "Would serve the Army best in CF/BR or CF/FA." Part Vc is not an area for potential remarks. Raters will provide potential remarks in Part Vb. Potential comments should be in the last sentence(s) in Part Vb so they are readily identifiable to boards.

**2. Q:** Which of the leader attributes/skills/actions will be used to discriminate among officers?

**A:** The intent is not to use the selection of the six attributes/skills/actions as a discriminator, but rather as an enhancement to understanding the strengths of each officer. Over a period of time, the word picture will give assignment officers and career field selection boards a clear portrait of the strengths and breadth of an officer.

**3. Q:** What happens when the rater selects a "No" for any of the values, attributes, skills, and actions?

**A:** Any "No" on the front is a mandatory "referred" report. Furthermore, the rater must provide a comment justifying the "No" rating.

**4. Q:** The JODSF requires too much time for the junior leaders who are already time-stressed with high OPTEMPO and PERSTEMPO; isn't the -1 sufficient?

**A:** We can never spend too much time developing our junior leaders. The form was designed to use mission requirements as a basis for the developmental tasks. We strongly believe that the additional efforts made with this form will enhance mission accomplishment by helping to organize and work "smarter" not harder; increasing communication between LTs/WO1s and their bosses; and providing a means to organize developmental tasks. A test population felt the time was worth the results.

**5. Q:** Why don't we forward the completed JODSF form with the -1 to the SR for use in preparing the OER?

**A:** The JODSF is focused on development where the OER is focused on evaluation. After the senior rater has approved the developmental plan, we do not want to inhibit the rater from providing candid feedback to the LT/WO1. Forwarding the completed form may inhibit this process. Senior raters will monitor compliance via support form, block III (initials).

**6. Q:** If we are going to mask 2LT OERs, then why don't we have a separate evaluation mechanism for 2LTs that focuses more on development than performance?

**A:** Despite our emphasis on developing junior officers, we must not lose sight of the reality that 2LTs may have to lead soldiers into combat. They are being developed, not "in development!"

**7. Q:** Why Yes/No format for values/attributes/skills/actions? Why not separate degrees similar to the 67-8?

**A:** If in the 67-8 system, you gave an officer a "2" for integrity, did that mean the officer was honest 80 percent of the time... or was that a statement. We believe that a simple Yes/No more accurately portrays what the Army needs for evaluations. Concepts such as "room for improvement" belong in counseling sessions and developmental sessions, not on an evaluation report. As always, there is room for clarification on any of the items in the rater narrative.

**8. Q:** What is the school solution for picking skills, attributes and actions?

**A:** There is no school solution or norm. Raters and rated officers need to focus on the leadership doctrine and think through the ramifications of each of the skills, attributes and actions. Each item is important. Each officer is different. Evaluate based on the strengths of the individual officer.

**9. Q:** Why don't we require the HT/WT data to reflect data within two weeks of the THRU date?

**A:** To reduce the administrative burden across the Army we give the rating officials the choice to use the data from the last official unit APFT or the end of the rating period if the rated officer appears to have changed with respect to the standard. If the rating chain wants, it could reflect two weeks prior to the THRU Date.

**10. Q:** Why not bullet comments instead of prose?

**A:** During the developmental phase of the new OER, senior leadership discussed this issue and determined that prose provides a more appropriate means to portray narrative comments.

**Thanks and Farewell:** This month, I will be PCS'ing to my new duty station and will start a new chapter of my military career. The 25 months that I spent at AN Branch, PERSCOM has been very fulfilling and it was such a great learning experience. Being the FRO is never an easy job, but I truly enjoyed working with every single AN officer. I wanted to thank you for the support that you have given me during my term as the FRO.

I hope that the articles that I have written and compiled in the ANC newsletters have been helpful and informative. It is always our intent to keep our officers informed and be competitive for all boards. Please remember that you are your BEST career manager. Always be prepared and do not procrastinate! Again, thank you for all your support.

**Ready, Caring and Proud!**

## DEPARTMENT OF NURSING SCIENCE NEWS

### Surgical Support Post Graduate Short Course

#### *LTC Lourdes Leandry, Chief, 91D Branch*

The 91D Branch hosted the Surgical Support Post Graduate Short Course 9-13 June at the Holiday Inn Select in San Antonio. Thirty-eight 91Ds attended from as far away as Korea, Alaska, and Hawaii. Attendees received a presentation from Vincennes University on the new changes within the Association of Surgical Technologists in regards to certification, as well as lectures on Management Utilization, the Prospect of Promotion, CBRNE, and Distance Learning Education. A Synthes representative was on-hand and demonstrated the External Fixator Device using a practical exercise. LTC Leandry offered a review of the changes the 91D Branch has had to implement during the last year and MAJ Eiland presented photographs and accounts of his visit to the World Trade Center three weeks after the 9/11 attack. We would like to thank the 91Ds that are assigned locally for the tremendous turnout and a big THANK YOU to A&P Branch, Department of Training Support, BAMC, BNCOC, Drill

Sergeants - 187<sup>th</sup> Med BN, and the Academy of Health Sciences. SSG Walling and SSG Coalson from the 91D Branch were the primary NCOs behind this project, GREAT WORK!!

**Army Nurse Professional Development Branch**  
**LTC Joyce Burns, Chief ANPDB**

**Hospital Educators' Conference**

The Army Nurse Corps Annual Hospital Educators' Conference is scheduled for **11-16 August 2002** and fund cites are being prepared. By now, all NESD/Hospital Education Departments should have submitted the names of the OIC and/or NCOIC who are attending from each MTF. If not, please contact MAJ Money immediately with name(s) of your MTF participant(s). Of major significance and new for this year's conference is the requirement that PPSCP participants must have completed the Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) Training prior to attending the HEC (which is a PPSCP). If you haven't done so, you may go online at <http://www.swankhealth.com/milmain.html> and complete the CBRNE training in less than 10 minutes.

**You may find the following directions helpful:**

Upon entering the site, click on CBRNE, complete the registration process, hit send and complete the training. An eagle will pop onto the screen with a message congratulating you on completing the training. Wait a few seconds and the print certificate button will appear. Wha la...print your certificate and bring it with you to the HEC. If you do not complete the training prior to the conference, you will be required to complete this training at the conference before or after normal conference hours. Please contact MAJ Money at DSN 471-6080 or LTC Burns at DSN 471-6073 with questions.

**Head Nurse Leadership Development Course**

The dates for the Head Nurse Leadership Development Course **have changed to 18-30 August 2002**. So far only 25 officers are registered to attend which leaves 25 additional seats that are available for this iteration. Education managers should contact MAJ Lang at AN Branch to register their officers.

**Distance Learning Advanced Nurse Leadership Course**

As you well know, the DL Advanced Nurse Leadership Course is up and running. So far, MAJ Carty has conducted two iterations of the DL ANLC. The last iteration for this FY is **16-20 September 2002**. The comments from the AARs identified major strengths and weaknesses of the course. Most participants agreed that the CD-ROM course work was user friendly and the overall course content was relevant for an advanced nurse. Some participants stated that one positive aspect of DL training is that it has made the ANLC more accessible to attend.

The main weaknesses identified were related to the technical difficulties and the lack of opportunity to network. Others stated that it was difficult to achieve a fluid dialogue over the Video Teletraining (VTT) medium because of the brief pauses between speakers. Concerning problems with the disconnects, one thing that you can do on your end, is to ensure that your

satellite classroom is via VTT and not Video Teleconference (VTC). The VTC satellite connections are not as stable as the VTT and are more susceptible to multiple disconnections. If your MTF does not have VTT capability, check at the installation level.

Another comment was related to the CD-ROM course work in Phase I. Participants wanted to know why this information was not covered in Phase II of the course. As the course was reduced from 2 weeks worth of material, Phase I is intended to be a stand alone adult training module covering material that could not be addressed during actual class time. We welcome your comments as this course is still under revision and process improvements.

**Thank you MAJ Carty**

MAJ Carty did an outstanding job as the Program Director for the HNLDC, the ANLC and the HEC. He is completing his assignment at the AMEDDC&S and is moving on to Aberdeen Proving Ground this summer. MAJ Michael Money, from Ft Huachuca, is MAJ Carty's replacement.

**91WM6 Branch**

Previous information sent to the Chief Nurses indicated that soldiers graduating from the resident 300-M6 Course in July 2002 would be required to wait until 1 October 2002 to sit for the Practical Nurse NCLEX examination. However, upon receipt of additional guidance from the National Council of State Boards of Nursing, Inc., students **will be able** to sit for the NCLEX-PN exam under the current Chauncey/Prometric Testing Center as long as applications are received prior to **15 August 2002**. All applications for eligible students, who will graduate in July, have been sent to Texas State Board of Nursing and to the Chauncey Group for processing.

**Please note the following:** If you receive a soldier to your unit who graduated in the July 2002 class and he/she has not sent in their application (because they didn't meet course requirements when the other applications were sent) or the application was mailed but they have not have not received an Authorization to Test (which indicates that the application has not been processed), the soldier must correct these deficiencies prior to **15 August 2002**.

If a soldier has received an Authorization to Test, but has not scheduled a date to take the exam, he/she must schedule with the Chauncey Group no later than 1 September 2002. If any of the above situations occur and are not corrected, the individual will lose their \$200.00 NCLEX application fee (if already paid), plus pay an additional fee to apply through the new Testing Center, NCS Pearson, and will be unable to sit for the exam until after 1 October 2002.

NCS Pearson will begin conducting NCLEX test administration sessions in Pearson Professional Centers beginning **October 01, 2002** for candidates who have registered and scheduled with NCS Pearson on or after August 16, 2002. For all questions, comments or concerns regarding procedures for candidates during the NCLEX test service transition, please utilize the following sources:

91WM6 Program Director:  
 Web: <http://www.cs.amedd.army.mil/dns/91C/index.htm>  
 Email: [teresa.mcpherson@cen.amedd.army.mil](mailto:teresa.mcpherson@cen.amedd.army.mil),  
 Phone: (210) 221-6172, DSN 471-6172

National Council of State Boards of Nursing, Inc.  
 Web: <http://www.ncsbn.org/public/testing/trainstion.htm>  
 Email: [nclexinfo@ncsbn.org](mailto:nclexinfo@ncsbn.org)  
 Phone: 312-787-6555 Ext. 470

### ***Help Wanted***

RNs in Department of the Army Medical facilities willing to share their thoughts about ethical issues experienced in the military setting. Questionnaires have been distributed at all Army health care facilities. If you received a questionnaire, please take a few minutes to complete and return it. If you did not receive one, please e-mail [nursingresearch@hotmail.com](mailto:nursingresearch@hotmail.com) and a study packet will be mailed to you.

### **MATERNAL CHILD HEALTH CONSULTANT LTC Ramona Fiorey**

The National AWHONN Convention was held this week in Boston and I was fortunate enough to attend. This was an excellent conference from start to finish. The keynote speakers were inspirational. There was a very broad variety of presentations and I was disappointed that I had to make choices and could not attend all of them. Presenters came from a wide array of work environments, educational preparation and backgrounds, but all were extremely knowledgeable on their topics. Two things were very prominent at this convention. One was the theme for the keynote speaker. She addressed the nursing shortage, the current need for significant change in health care delivery in the United States, and the vast possibilities for nursing, particularly advanced practice nurses as primary providers in the future. The other was the age of the nurses attending this convention. We have all heard that the average age of registered nurses in this country is 48 years old. If I had doubted it, I saw it first hand during the course of the week. There were far more nurses over 45 than under 30. It was also disconcerting that the keynote speaker related that nearly half of nurses surveyed would not recommend nursing as a profession to their children, and a large percentage of them would not choose nursing as a profession again.

I would be remiss if I did not also say that of the nearly 2000 perinatal nurses, nurse practitioners, and nurse midwives at the convention, only four were active duty Army nurses. Two of those were self-funded. None were junior officers. An Air Force nurse mentioned to me that she had noticed attendance of Army nurses had decreased over the last several conventions and wondered why. Two retired Army Nurses asked me where the active duty Army nurses were. I had no answer for them. Normally I use the newsletter as a way to get information out to 66Gs. This time I think I must use it to ask questions, and perhaps to be a cheerleader. Why was attendance at this convention so small and what is the significance of that? Are our senior 66Gs not requesting to attend? Are MTFs not funding requests to attend? Are there

no junior officers or civilian nurses who are AWHONN members, who are interested in attending? Are our senior 66Gs not encouraging them?

Presentations at this convention included acuity systems and workload management, perinatal documentation systems, neonatal pain management, cultural diversity, and web technology to improve patient outcomes. Over 100 vendors were present to show current technology and patient care equipment. How are we as perinatal nurses to know that there are 3X sized panties for our large postpartum patients, cord clamps that prevent blood spraying, and a new technology for breast pumps, if we don't take advantage of these opportunities? During this time of upheaval in obstetric care for the military health care system, it is of vital importance for our perinatal nurses to be aware of what is happening nationally in this specialty area, to aggressively acquire knowledge about what is cutting edge in obstetric care delivery, and put this knowledge to work in our facilities. The Armed Forces District AWHONN/ACOG conference is in October in Honolulu, HI. I strongly encourage senior leaders in perinatal nursing to start looking at ways to attend and to send junior 66Gs who are AWHONN members to this conference. For junior officers who have chosen perinatal nursing, I encourage you to become AWHONN members. This is your professional organization and offers a wealth of opportunities to grow. There are many reasons for supporting this conference, not the least of which is the importance of growing the next generation of senior perinatal nurses in the Army Nurse Corps.

On a different note, LTC Vickie Ranson, Chair for the Armed Forces District AWHONN, coordinated a tri-service meeting of military nurses at the convention. The topic of discussion was what military facilities are doing to encourage patients to choose military obstetric care in light of NDAA '02. LTC Ranson developed the following list of 16 strategies for making military treatment facilities the "plan of choice" for families worldwide.

- ☐ Call every patient by name.
- ☐ Answer the phone by the second ring.
- ☐ Smile and look up (everyone---front-desk staff, too!) when a patient arrives.  
Acknowledge her immediately, even if you cannot help her immediately.
- ☐ Make appointments easy to schedule in one brief call.
- ☐ Call back promptly with answers and results (good and bad).
- ☐ Remind patients of upcoming appointments.
- ☐ **Welcome family involvement!**
- ☐ Provide appointment times convenient with patients' work hours.
- ☐ Arrange for continuity of care (same provider/group).
- ☐ Provide a clean, pleasant, cheerful atmosphere.
- ☐ Deliver high-quality classes at convenient times.
- ☐ Have available easy-to-read education materials (Have you requested Every Woman for your patients? It's available free at [www.AWHONN.org](http://www.AWHONN.org)).



- ☐ Promote support groups for special patient interests.
- ☐ Have a responsive patient advocate available to address concerns early.
- ☐ Focus on patient care above **everything else**.
- ☐ Create a culture of excellence every day.

See Family Centered Maternity Care by Celeste Phillips for more suggestions.

What other ideas are you using? Contact LTC Ramona Fiorey or LTC Vicki Ransom so we can disseminate great ideas!

### COMMUNITY HEALTH NURSING UPDATE

*COL Sandra L. Goins, CHN Consultant*

**CHN Workshop at the DoD Population Health and Health Promotion Conference:** Get the most current information on key CHN issues from the experts! Do you want to know more about deployment roles, changes in Child and Youth Services health policies, expanding roles and functions, or get your first presentation of the CHN Strategic Plan? Your ticket to all this and more can be obtained by registering for the **DoD Population Health and Health Promotion Conference, 9-16 August in Baltimore, MD**. An exciting day of CHN focused presentations and displays, a catered lunch and speaker, a surprise guest and much more. You can only register for the CHN Workshop if you register for DoD Population Health and Health Promotion Conference and not the Force Health Protection Conference. You can still change your registration by going to (<http://chppm-www.apgea.army.mil>). Please see the attached flyer for information reference the First Annual CHN Luncheon. I am looking forward to meeting each of you. Don't delay – register today. **See registration flyers on pages 20 and 21 of this newsletter.**

**CHN VTC:** The monthly ACHN VTC is an open forum hosted by the consultant to present CHN relevant information on programs, policy, and updates from regional CHN consultants as well as representatives from CHPPM, POPM, and AHS. The schedule for the remaining sessions in CY 02 for All Staff VTC is 9 Jul, 10 Sept and 12 Nov at 1530-1730 and Regional Medical Command CHNs on 12 Jun, and 8 Oct at 1115-1315 EST. There will not be a VTC in the months of August and December. I would truly appreciate your topics of interest and or recommended speakers for this forum. In August/September, I will be developing the schedule for CY 03 and would appreciate your feedback for days and times for the CY 03 schedule.

**Child and Youth Service (CYS) Health Consultation:**

Earlier in the year, LTC (P) Hollandsworth (C, CHN, Western RMC CHN Consultant), LTC Borsay (POPM/MEDCOM) and I met with DA Child and Youth Services staff to review and update health issues in the Child and Youth Programs. Several recommendations were made and are currently in staffing. Specific areas being addressed are medication administration, special needs support, blood borne pathogen procedures, CYS health tracking system and health policy for CYS Teen programs. CYS staff from Child and Family

Services Division will present at the DoD Population Health and Health Promotion Conference.

**Soldier Readiness/Communicable Disease:** There are several messages via outlook that address changes in guidance and updates for immunizations. Subjects include Tetanus Vaccine Shortage, 4 Jun 01; Shortage of Varicella and MMR Vaccines, CDC reference, and Immunizations of IET Soldiers, 2 Apr 02. The Tuberculosis Program Policy is in staffing.

**Personnel Transition:** A very special thank you to LTC Angela Ross, who set precedence as the first CHN to be assigned to PERSCOM as Personnel Officer. The new CHN PMO is MAJ Doreen Agin who can be reached at DSN 221-2393.

**AMEDD Force Health Protection Digital Library**

**Demonstration Project:** COL Rockwell (C, CHN GPRMC Regional CHN Consultant) is working with a team from CHPPM and the AMEDD C&S as a CHN SME to develop a CHN taxonomy and web collection. The project initially was to encompass all of Preventive Medicine, but was narrowed down to CHN. COL Rockwell envisions this “digital library” as a core component of the “CHN Community of Practice” site. This can enhance efficiency and the quality of services provided by CHNs with a centralized repository of archived documents and searchable web collection (researching a topic, updating an SOP, creating a class presentation, staying informed on current policy, issues and solutions, etc.) and serve as a one stop/shop place for all who have access to the community of practice. For additional information, contact COL Rockwell via Outlook.

**Safety note:** As we prepare for summer vacations and travel, I encourage you to practice what we preach and teach – safety in all things. *Community Health Nurses Caring, Competent, Committed.*

### DIRECTOR OF HEALTH PROMOTION AND WELLNESS, USACHPPM

#### Promotion In The Republic Of Korea

*COL Gemryl L. Samuels*

I have the privilege of writing this article from the Korean peninsula at a time when “footballers” are going mad. The South Korean World Cup Team has already won two matches in the 2002 competition and will advance to the semifinals against the Germans. Diehard fans, dressed in their national red are joining other soccer lovers to form a sea of red that surrounds the hotel to cheer for their team. Many of the streets are closed, to make room for the revelers -- making getting around difficult for everyone, especially me!

The purpose of my visit to Korea was to access the status of and give direction to health promotion programs for beneficiaries of the 8<sup>th</sup> US Army. Significant interactions were conducted with COL Carol Pierce, Deputy Commander for Nursing for the 121<sup>st</sup> Hospital. COL Pierce shared with me that Korea is the best kept secret in the Army and an



assignment to Korea for an Army Nurse should be sought without trepidation.

The 8<sup>th</sup> US Army is one of the most forwardly deployed of all the US Armed Forces. Targeted health promotion intervention based on the assessed unique needs of the community can help to maintain/optimize the health of soldiers and therefore have a significant impact on our forward deployed human machines.

For three years, a pilot project through an informal agreement with the 18<sup>th</sup> MEDCOM Preventive Services Directorate, the US Army Center for Health Promotion and Preventive Medicine provided health educators through the Henry M. Jackson Foundation. An assessment of the pilot project was conducted in 2000 and it was determined that health promotion on an operational level was successful. However, tactical services were most needed. It was also determined that health promotion would be better served if there were term employees serving as health promotion educators instead of contractual employees.

For 12 to 18 months now, term employees have been selected at one time or another in all four regional areas in the Republic of Korea. However, with the constant turnover of soldiers comes the frequent turnover of health promotion coordinators who are often married to soldiers.

Health promotion in Korea is based on a model that was and continues to be very successful in Europe. This model centers around:

- A community-needs assessment.
- The Health Promotion Council as a coordinating body for health promotion activities.
- The identification of local resources to address needs.
- A strong emphasis on outcomes data for health promotion intervention fed to commanders.

While it is based on the European model, it must be modified to fit the special needs of American soldiers in the Republic of Korea. Most of the soldiers assigned to Korea are there for a one-year hardship tour. Thus, for health promotion interventions to be successful, they must have measurable short-term impact. HEAR as a Tri-care enrollment tool is not available to provide demographics and health related type information, therefore, baseline data collection to identify high-risk individuals for implementing targeted intervention programs becomes quite a challenge.

Maintaining vibrant Health Promotion Councils when most of the members are in the country for a year or two has its unique challenges. Severely limited resources, long traveling distances to attend education and training leaves a constant void in the training of new health promotion coordinators.

Despite these challenges, I am encouraged to see the motivation, enthusiasm and resourcefulness of the health promotion coordinators who are forming partnerships with the

Community Health Nurses to make health promotion work in the Republic of Korea.

The current staffing structure, where none of the health promotion coordinators are attached to soldiers, lends itself to the development and proliferation of targeted health promotion interventions. Nevertheless, the journey has only just begun and there is much work to do to continue the progress made in Korea. If you are seeking new challenges, interested in travel opportunities, and unique work setting, then contact MAJ Angie Hemmingway, Chief Community Health Nurse at the 18<sup>th</sup> MEDCOM. MAJ Hemmingway can be reached at [angelene.hemmingway@kor.amedd.army.mil](mailto:angelene.hemmingway@kor.amedd.army.mil)

### **NURSING RESEARCH UPDATE** **Highlights from the Pacific, Tripler AMC** **LTC Hyacinth Joseph**

LTC Patricia A. Wilhelm is in the data analysis phase of her doctoral dissertation. Her study is entitled "The Effects of Kangaroo Care on Breast Skin Temperature, Distress, and Breastmilk Production in Mothers of Premature Infants". The objective of this study is to determine if Kangaroo Care or the skin-to-skin holding of premature infants against the mother's chest serves as a novel 'trigger' for the release of oxytocin. Results will be available this fall.

The Department of Medicine was awarded \$250, 000 from the Pacific Telehealth and Technology Hui to develop an Electronic Nursing Skills Competency Training Program. Under the direction of COL Dale Vincent, MC, Chief, Department of Medicine and LTC (P) Doris Johnson, AN, Director, Medical Nursing Section, the implementation phase for this initiative will begin in July 2002. This new concept will be an electronic version of the Annual Nursing Skill Fair. LTC Hyacinth Joseph is conducting a retrospective review of medical records to obtain information on the "Preventive Prostate Cancer Screening Practices of Military Male Servicemen, age 50 years and older." Results of this study will be available in late August 2002.

LTC Hyacinth Joseph is also conducting a qualitative study entitled "the Cultural Context of Hypertension: Perspectives of the African American Male Patient" This descriptive study explores the social and cultural perspectives of the African American male who is living with hypertension. The intent of this study is to obtain information, which could be used to design interventions to enhance patient outcomes.

1LT John Ament, perioperative staff nurse submitted a research proposal to investigate the efficacy of using paging devices to improve satisfaction with care among ambulatory surgical patients.

Tripler Army Medical Center's Clinical and Economic Outcomes (CEO) Team was recently selected as the Information Management Team of the Year for 2001. The COE Program is a secure automated system that takes patient data from Tripler's current computer systems and organizes

the information to help physicians, administrators and other health care professionals to better monitor their specific patient populations. The 12-staff member team includes two Army Nurse Corps Officers; LTC James Hickey, Chief, Nursing Informatics and LTC Paulette Williams, Nurse Researcher.

The **16<sup>th</sup> Annual Pacific Nursing Research Conference** is scheduled for **7 & 8 March 2003**. See "Call for Abstracts" for more information on pages 22 and 23 of this newsletter.

Colonel (USAR) Patricia Nishimoto, AN, is scheduled to speak at the 18<sup>th</sup> International Cancer Congress in Olson, Norway, 30 June through 3 July 2002. This year's conference theme is "Global Challenges in Multicultural Health Care". COL Nishimoto's presentation is entitled "Hiding Sorrow Behind a Smile: Cultural Aspects of Death and Dying." She is a member of the 1984th USAR Hospital and works as an Oncology Clinical Nurse Specialist, for the Department of Medicine.

TAMC is one of three sites selected to replicate the Pregnancy/Postpartum Physical Training Program (PPPT). The team recently completed the IRB process, and anticipates recruitment for participants around the middle of July. For more information on Tripler's program contact LTC Hyacinth Joseph, AN, e-mail [hyacinth.joseph@haw.tamc.amedd.army.mil](mailto:hyacinth.joseph@haw.tamc.amedd.army.mil) or CPT Jennifer Strong, MC, e-mail [Jennifer.strong@haw.tamc.amedd.army.mil](mailto:Jennifer.strong@haw.tamc.amedd.army.mil)

The Pacific Telehealth and Technology Hui is currently accepting pre-proposals for innovative projects that can serve as models for improving health care delivery in the Pacific. If accepted, the Principal Investigator will be invited to submit a full proposal in accordance with published guidelines. Approximately \$500,000 is available for new research projects in this funding cycle. Suspense date for pre-proposal is 5 August 2002. This is a DOD/VA funding initiative. For more information contact Dr Leigh W. Jerome @ 808 433-1483, Fax 808-433-1920, or e-mail: [Leigh.Jerome@haw.tamc.amedd.army.mil](mailto:Leigh.Jerome@haw.tamc.amedd.army.mil).

### **CRITICAL CARE NEWS** **LTC Michelle Janosik, MN, CCRN**

Over 6,000 critical care nurses got together in a big way in Atlanta in May. The American Association for Critical Care Nurses (AACN) held its annual conference in Atlanta from 4 - 9 May this year. The Army Nurse Corps was well represented with over 25 Army and GS registered nurses attending from Tripler, Brooke, Landstuhl, Walter Reed, Dwight David Eisenhower Army Medical Centers, the AMEDD Center and School, USAREC and the Army Reserves.

Every year in May, AACN holds a weeklong educational conference called the National Teaching Institute (NTI) and the Advanced Practice Institute (API) for critical care nurses. The location changes yearly to provide more nurses the geographical opportunity to attend. Favorite locations include Orlando, San Antonio, New Orleans, Atlanta and Anaheim.

The week includes hundreds of lecture/interactive sessions, research poster presentations and interactive computer skills labs. CEUs are provided for all educational offerings. Additionally, vendors and drug representatives display the latest in technology, equipment and medications in an exhibition hall.

The conference is a fabulous week with clinical and professional development opportunities for the staff nurse to the advance practice nurse. With thousands of critical care nurses hitting the streets of a major city each year, the NTI becomes a melting pot for the diverse culture of critical care nursing. Many of our Army colleagues were there for the first time. CPT Troy Thompson from Germany says "I was taken by the number of people. It was very refreshing to be with so many highly educated, intelligent nurses that were excited and confident about the role of nurses in health care. Many speakers praised the staff nurse and reminded us that it's the staff nurse that is at the patient bedside 24/7."

The predominant theme of the conference was 'from silence to voice' or making a voice for ourselves as nurses. As nurses, we frequently do not acknowledge or articulate our contributions. We make a difference in patient's lives – as critical care nurses we save lives on a routine basis. Until we acknowledge our contributions and educate the public, nursing will continue to experience a shortage. Bernice Buresh and Suzanne Gordon spoke at the NTI. These women are journalists and avid nurse supporters and just recently published their book "From Silence to Voice: What Nurses Know and Must Communicate to the Public." They contend that nurses cannot win the 3R's – Respect, Recognition, and Reward – that they deserve unless influential and the broad publics understand their work and support resources for it. Nurses are frequently labeled as 'angels'; the education, technical skills, research, critical thinking ability and consequences of nursing are frequently overlooked or not mentioned.

Another focus of AACN is evidenced-based practice. The NTI is a wonderful opportunity to increase one's knowledge about the latest developments in clinical practice. It's an opportunity to share and network with our civilian and military counterparts around the world. Participants typically come away energized, empowered and with new ideas on how to improve practice in their units. Military nurses are frequently surprised to realize Army nurses are a cut above. The Army Nurse Corps is a highly educated group of nurses. While less than 28% of civilian RNs have a BSN, the BSN is a requirement for the Army. Thirty percent of the Army Nurse Corps has a Master's degree. Army nurses are involved in research and evidenced based practice at every facility. Army nurses present and hold offices with AACN yearly. COL (Ret) Nancy Molter is the only Army nurse to serve as President of AACN.

One way for us to take an active voice as nurses is to become a member of a professional nursing organization. Most of the national associations have local chapters. Membership in AACN has many benefits and discounts to include several top-

notch nursing journals with the latest nursing research. Become actively involved in your local chapter. Submit an abstract and speak at the NTI. It is really an easy and painless process. So many of you have experiences and knowledge to share. Chiefs, Section Supervisors and Head Nurses – send your staff nurses to the NTI. Role model the value of professional organizations, education and active voice.

See the promise of nursing contributions to patient care and outcomes. Regardless of what specialty area you work in, realize that as a nurse, YOU make a difference. All we have to do now is share that with the public. It's up to each of us to make our chosen profession a better place to be. As Army nurses, we are recognized leaders by our civilian colleagues – it's time we recognized ourselves!

**RESERVE IMA NEWS**  
**DIMA, Assistant Chief, ANC**  
**COL Carol Swanson**

I want to thank COL Janie Harrell, USARC CN, and COL Pat Provosto, Chief, RC Clinical Activities FORSCOM Surgeon's Office for input on this month's article. You may contact me at [carol.swanson@us.army.mil](mailto:carol.swanson@us.army.mil) if you have further questions.

Since deployment is a high probability for us, we have an individual responsibility to be ready. Often previously unknown problems are discovered during the SRP evaluations. These could be minimized if the soldier takes individual responsibility in these areas:

- Credentials
- Family Action Plan
- Dog Tags
- Medical & Dental Readiness

**So, exactly what credentials do we need?** A current license and BCLS are required for all licensed personnel. All privileged providers must have a current PCF with all required data entered in CCQAS.

**What is included in Medical & Dental Readiness?**

- Current physical- every 5 years but every two over 40 in early deploying units
- Standard immunizations and enter data on MEPROS
- Current eye glass prescriptions, duplicate glasses and optical inserts
- 90 day supply of meds available
- Medical warning tags for those who need them
- Annual dental exam
- Complete DD Form 2795 (Pre Deployment Health Assessment)

**Where can I go for more information?** DA personnel guidance can be found at:  
<http://www.odcsper.army.mil/default.asp?pageid=92f>

**Should profiled soldiers be sent to the mob station for an MMRB?** No. DA guidance says we cannot mobilize - that means even at home station - soldiers who are not medically

prepared to deploy "as is". Soldiers who have medical conditions that would preclude deployment (i.e. anything listed in chapter 3 of AR 40-501 or a P3/P4) without an approved MMRB must not be put on the mobilization list. Once they are mobilized at the reserve center, they become an asset of the active component and then must be brought to the mob station for medical evaluations, surgery, consultations, MMRB, MEB, PEB, etc. The impacts of having non-deployable soldiers are enormous for the installations, for the medical community, for the individual soldiers and for the units that must replace or deploy short.

**Where can I get this annual dental exam?** The exam may be documented by a civilian dentist on DD Form 2813 (available at <http://www.dior.whs.mil/forms/DD2813.PDF>) The TRICARE Dental Plan (TDP) is available to USAR with low premium (\$7.90/month), free exam and cleaning family coverage is \$19.75 (spouse only) or \$49.36 (family). Care through TDP can bring you to Class 1 dental status and that is easier to maintain. (If soldiers wait to be treated at the mob station, they will probably have tooth extractions that could have been avoided).

**I do not live near a facility that does physical exams. What do I do?** FEDS\_HEAL is available for Army Reservists to fund physicals, immunizations, dental exams and dental treatment. Dental treatment is only to Class 2 via FEDS\_HEAL (for deployment eligibility) when in an alert status or identified as early deployer. Contact your unit UA or ARPERSCOM PMO for orders.

Returning soldiers with identified health concerns will be evaluated using the Post Deployment Health Clinical Practice Guideline. Health care providers can find information at [www.pdhealth.mil](http://www.pdhealth.mil).

I hope that this information was helpful. Individual responsibility in these areas IS necessary for a successful mobilization process.

Nursing personnel separating from active duty should call the Personnel Management Officer (PMO) at AR-PERSCOM: 800-325-4729, extension 2 for Nurse Corps, extension 4 for enlisted to discuss their RC options. Also information for RC is on the AR-PERSCOM web site [www.2xcitizen.usar.army.mil](http://www.2xcitizen.usar.army.mil).

**THE ACTIVE GUARD RESERVE PROGRAM**  
**OVERVIEW**  
**MAJ Sharon Blondeau**

Preparing to REFRAD but not ready to hang up your greens? The Active Guard Reserve (AGR) program may be for you. The program supports the Army Reserve with unit management and mobilization readiness by providing full time support to Troop Program Units, Regional Support Commands, Active Duty installations, the National Capital Region, and a myriad of other positions worldwide. AGR soldiers enjoy the same benefits and entitlements of an Active

Duty soldier, including full commissary and Post Exchange privileges, medical care for themselves and their immediate family and the opportunity for immediate retirement after 20 years of Active Federal Service. If you have served on active duty or in the Army Reserves, officer or enlisted time, you retain your time and grade status when you become part of the AGR.

Positions for nurses vary. Some examples are Nurse Counselor/Recruiter, Chief Nurse and Assistant Chief Nurse, Personnel Management Officer, Credentials Coordinator, Clinical Training Officer and Operations Officer to name a few.

To be part of the AGR Program, you must follow a process that involves various phases. The topics listed below walk you through this process from start to finish:

- [AGR Application Procedures](#)
- [AGR Entrance Boards](#)
- [AGR Selection Notification/Accessions Process](#)
- [Accepting an AGR Position](#)
- [Active Guard Reserve Entry Training \(AGRET\)](#)
- [The Army Reserve Readiness Training Center](#)
- [Eligibility Requirements for the AGR Program](#)
- [Promotion Information](#)

The regulations governing the AGR are [AR 135-18](#) and [AR 140-30](#). For more AGR Information access, <https://www.2xcitizen.usar.army.mil/>

To speak to a current AGR ANC officer, contact MAJ Sharon Blondeau at (210) 295-2432. She is the current Credentials/Privileges and Risk Management Coordinator for the Great Plains Regional Medical Command [Sharon.Blondeau@cen.amedd.army.mil](mailto:Sharon.Blondeau@cen.amedd.army.mil)

**DEPARTMENT OF COMBAT MEDIC TRAINING**  
**The Shaping of the 91W Health Care Specialist**  
***CPT Linda C. Santiago-King***

Here at the Department of Combat Medic Training, it is continually stressed time and again, that the 91W must be prepared unequivocally to perform their job in whatever environment they are placed. Whether their assignment is to an emergency department of a CONUS MEDDAC, taking care of your child or spouse, or if they are assigned to an infantry unit deploying to the Middle East, setting up a perimeter and establishing a casualty collection point (CCP), they need to be equipped technically and tactically. Preparedness, I think we all will agree, is a pillar for successful mission accomplishment. Graduating competent medics is what we strive for.

What is all the hype about the 91W “super medic?” As MAJ Hurtado mentioned in a previous article, the “medic of old” is undergoing a transformation in the AMEDD. This transformation is more than simply adding 6 additional weeks

to the course. It is a transformation of an increased knowledge base, performance and expectations on the soldier’s part. Including a transformation of attitude, particularly for those of us who teach, mentor and guide these soldiers every day. It is a transformation for leaders who receive these soldiers in their units, platoons and squads, as retaining these advanced skills may become an issue.

There are many that play a role in the shaping of the new super medic. Quality instructors are definitely key. There is a remarkable difference in the instructor who is dedicated in their profession and enthusiastic about imparting knowledge. Truly these instructors make a difference. Aside from the EMT portion of the course, and the requirement to pass the national registry for EMT-B, the curriculum has shifted quite a bit with more advanced trauma added, such as combitube insertion, needle cricothyroidotomy and needle chest decompression. There is also the incorporation of nursing content and tasks.

In practical terms, the medic must not only be able to stabilize a casualty, but also must maintain and care for that casualty for up to 96 hours if there is a delay in MEDEVAC capabilities. There is a nurse and a PA assigned to each training team and we are there to assist with training the soldiers as well as assisting the instructors with some of the more difficult curriculum content. The transformation that was mentioned earlier comes into play when we talk about difficult curriculum. The old view that “a medic does not need to know that” is a comment I have heard quite a bit in the past 6 months. Some of the most important skills a medic will ever learn are to stop the bleeding and treat a tension pneumothorax. Part of the transformation of attitude is teaching and instructing more on “why” we do something and not just “what.” Knowledge is power and empowerment to perform their job with confidence is certainly the ultimate goal for our graduates.

The Drill Sergeants are also key. Because the soldiers are still in the initial entry training phase of their enlistment, the Drill Sergeant remains a big part of their world, early in the morning and at times, late at night. It is important for impeccable communication to exist between the Drill Sergeants and the Instructors. The Drills who are supportive and knowledgeable of the curriculum content, make a difference in the success of this program.

Last, but certainly not least, is the soldier. The soldier’s attitude and motivation are vital to success in this program. Despite the higher GT/ST requirement to get into the course, there are some soldiers who are very young and immature. We spend quite a bit of time counseling these soldiers, trying to encourage them to finish something they have started and to not give into the whim that this is not what they want to do with their life. For the most part, it is rewarding and exciting to be involved in a program that is one of the biggest changes in the history of AMEDD. It was 19 years ago that I myself reported in to the old 91B course in the 232<sup>nd</sup> MED BN. Every once in a while, I look at a soldier and I see myself. General Simmons once told me “keep doing great things in



support of soldiers,” working in the DCMT is the prime environment to do that very thing.

**TASK FORCE MED EAGLE**  
**249<sup>th</sup> General Hospital**  
**Eagle Base, Bosnia-Herzegovina**  
*COL Princess Facen*



It's been 3 months since Army Nurses of the 249<sup>th</sup> GH, COL Facen, Chief Nurse TFME, LTC Hansen, MAJ (P) Lupien, CPT(P) DeSalles, CPT Doty, CPT Schnetzler, CPT Jackson, CPT Olsen, CPT Millett, 1LT(P) Redmond, 1LT (P) Park and 1LT McCormick arrived at Eagle Base, Bosnia-Herzegovina in support of Task Force Med Eagle, SFOR 11. At the end of our second month, 2 of our nurses and 5 medics redeployed back to their home stations due to downsizing of the mission.

The last 60 days have been full of activity to include patient care, education and training events, networking with our host nation hospital in Tuzla, visits to various base camps to assess their medical capabilities, opportunities for personal growth and occasional trips “outside the wire” into the local community. The following is an overview of our experiences thus far in the Balkans.

After a few days of recovering from jetlag and adjusting to our new environment, our first weeks here consisted of many long hours conducting an inventory of supplies and equipment and reorganizing our work areas. Amongst this initial sense of confusion and disarray, all hospital activity and patient care continued without interruption.

The current setup of Eagle Base Hospital includes a 5-bay EMT, a 20-bed ICU/ICW, a 10-bed expansion ward, 2 ORs, pharmacy, radiology, CT-scanner, laboratory w/ blood bank, Dental, Optometry, Orthopedic, Physical Therapy and Outpatient Clinics.

#### **Orphanage Trips**

Each month, nurses have the opportunity to accompany the TFME Combat Stress Control team on their visit to the Vojo Peric Orphanage in Tuzla, home to approximately 150 children from infancy to teens. On our visits, we bring donated items to include candy, toys, clothing and personal hygiene items for the children. Time is spent playing games and making friends with the children who look forward to our visit each month.

#### **MEDCAP**



One of our missions is to conduct MEDCAPs (Medical Civil Action Programs) to improve relations by providing basic medical screening and care to selected villages within the Multinational Division-North (MND-N) Area of Operations. These villages are located in remote areas with limited or no access to medical care. TFME rotates the MEDCAPS between Bosnia, Croatian and Serbian villages. The major goal is to work collaboratively with the local national health team and the MNDN multinational area of responsibility health team to provide joint care. To date, we have worked with the Russian, Bosnian and Serbian physicians and nurses, the Finnish support team, the Slovenians and the Danish. The primary focus is to augment the medical infrastructure and Public Health Clinic and support the diabetes and hypertension screening of adults in the village.

Normally, we see 120-130 patients per MEDCAP. Medics and nurses provide the initial vital signs check and screening assessment of all patients, then refer the patients to lab, dental, optometry or a physician as needed. For chronic problems and further follow-up patients are turned over to the village physician.

We also provide limited dental care and extractions, optometry services to include screening and care for cataract, glaucoma and disease related visual problems and on-site pharmacy support with patient education provided by our Local National Physician Interpreter.

TFME conducted their first joint MEDCAP with the Finish and Russians on 15 May 2002. As the number of SFOR soldiers is reduced, the medical assets will become more flexible and interdependent. TFME, SFOR11 plans three additional MEDCAP missions prior to redeployment in September. To date we have conducted a total of four.

#### **Fit Eagle Health Fairs**

The Fit Eagle Program is an ongoing multidisciplinary health promotion program of TFME. The team consists of a dietician, physical therapist, optometrist, mental health professional and a registered nurse who travel to surrounding base camps in the MND-N sector. Locations visited so far include Eagle Base, Camp McGovern and Camp Morgan. Soldiers and civilian employees who attend the health fairs receive a basic health screening to include blood pressure, glucose and cholesterol checks and are provided with information on diet, nutrition, proper body mechanics, smoking cessation, stress reduction and STD prevention.

**R&R and Day Trips**

At the present time, soldiers of SFOR 11 are not authorized leave for the duration of the deployment. The Fighter Management Pass Program (FMPP) allows soldiers who serve at least 30 consecutive days in country a 4-day pass to Taszar, Kaposvar or Budapest, Hungary. In addition, the Sarajevo and Tuzla Day Trips, sponsored by Morale, Welfare and Recreation (MWR), are professional development sessions designed to educate soldiers on the events that took place in Bosnia during the war from 1992-1995. Several of our soldiers have had an opportunity to visit the BOSFAM, an organization of Bosnian women widowed during the war who now support themselves by making beautiful hand-woven rugs, which sell for approximately \$400-800 each.

In addition to providing a source of "escape" from the everyday routine at Eagle Base, these trips provide an excellent opportunity to relax, sightsee, shop, dine and experience present-day Bosnian culture.

**Education and Training**

The nurses and medics of SFOR 11 have been actively involved with the ongoing hospital education program. Every Friday, TFME hosts a video-teleconference providing medical training to medics at remote base camps to include Camp Morgan, Camp Connors and Hilltop 1326. Aside from a Physician's Assistant who visits these camps on a weekly basis, the medics are the only medical support available at these camps and find the VTC presentations extremely helpful. Examples of topics presented include management of orthopedic and dental injuries, preventive medicine concerns and basic trauma management.

Other training events taking place at TFME with participation of soldiers from surrounding camps include Combat Life Saver, EMT-Basic, Pre-Hospital Trauma Life Support, Basic Life Support, Advanced Cardiac Life Support, Trauma Aims and the Field Sanitation Course. Most noteworthy, 14 of our 18 medics completing the EMT course passed the National Registry on the first try. For the ACLS Course we had a total of 17 participants to include, 2 Bosnian nurses from Tuzla University Hospital, along with our 5 medics and 1 nurse, who all successfully completed.

We are constantly preparing for and have already had several MASCAL exercises during the past three months. Several of these exercises have been joint training events involving both the Finnish and Danish medical teams. New lessons learned result from each exercise as we draw upon one another's experiences and continuously strive to react as effectively as possible with the manpower and resources available to us.

**Other Events**

Two nurses had an opportunity to visit the German Base Camp, Rajlovak to review the hospital's resources, procedures and capabilities. The setup of the facility was noted to be comparable to the hospital here at Eagle Base. Recently, 17 German soldiers from their hospital (doctors, specialists, nurses, and support staff) visited us for a tour of the hospital

here followed by lunch and a walking tour of Eagle Base, which they found very impressive.

On May 11<sup>th</sup>, 3 physicians, 3 nurses, 1 LPN and 1 medic attended the first ever International Neurology Congress opening ceremony as invited guests of the Chief Nurse of Tuzla General Hospital. The event was held downtown at the Hotel Tuzla and was followed by a wonderful reception where we were able to sample the delicious local Bosnian cuisine!



On May 5<sup>th</sup>, several nurses participated in the 30K DANCON Roadmarch through the mountains of Bosnia. Our ER was extremely busy later that evening with sore, blistered feet. The medics and nurses got a real work out as the physician on-call treated *his* feet! It was several days before people started to walk normally and wear boots again. The next DANCON is scheduled for early September before our return.

Peacekeepers Hall, Eagle Base's newest gymnasium opened in April. Home to four basketball courts, it also functions as the movie theater each night, showing 1-2 flicks daily to include most recently Black Hawk Down, We Were Soldiers and currently Star Wars. On April 29<sup>th</sup>, most of us camped out there for the Blues Traveler concert, a smash hit with the added thrill of seeing TFME's physical therapist play lead guitar on stage with the band! On May 31<sup>st</sup> the building was once again packed for the Toby Keith concert.

**Downsizing**

In keeping with the current NATO mission to reduce military forces in Bosnia, the first week of May forced us to say goodbye to 15 soldiers from TFME-including 5 medics and 2 of our nurses, LTC Hansen, 1LT McCormick, SFC Parker, SGT Karron, SPC Fernandez, PFC Newell and PFC Feliciano. Further reductions of SFOR 11 personnel are planned to occur over the next few months.

**SPIRIT OF NURSING SHINES AT DDEAMC**

*LTC Janice L. Greear*

Dwight David Eisenhower Army Medical Center had the opportunity to recognize three special nurses this year as our "Reflection of Nursing Spirit and Commitment Award" winners during the 4<sup>th</sup> annual Spirit of Nursing Showcase for nurses in the Central Savannah River Area (CSRA). MG Darrel Porr was among those from DDEAMC who attended the dinner held on April 26<sup>th</sup> at the Savannah Rapids Pavilion, and he had the honor of presenting the awards to DDEAMC's

nurse honorees. Those recognized were **LTC Nancy Gilmore-Lee**, Chief, Special Care Nursing; **CPT Dina Nelson**, Staff Nurse, SICU; and **MS Jan Edwards**, Charge Nurse of the Oncology Clinic. These nurses exemplify the spirit of caring and commitment to nursing every day, whether at the bedside or while leading others. They consistently reflect a professional attitude toward patients and peers, are advocates for moving the profession forward, are eager to stay abreast of current health trends and they go the extra mile. These nurses reflect loyalty to the nursing profession and to DDEAMC.

DDEAMC is among 35 agencies and organizations that participated in the Spirit of Nursing Showcase, which was sponsored by the Georgia Nurses Association, 10<sup>th</sup> District, and The Augusta Chronicle Newspaper. The purpose of the Showcase is to unite registered nurses and to showcase the profession of nursing prior to nurses' week. This exciting event includes an organization exhibit hall as well as a dinner and formal ceremony honoring nursing. The Spirit of Nursing Showcase provides an opportunity for all nursing agencies, hospitals, and organizations to "showcase their spirit" to other registered nurses in the community.

**USFK NURSING PERSONNEL TOUR REPUBLIC  
OF KOREA MILITARY FACILITIES DURING  
NATIONAL NURSES WEEK**

***2LT Christopher Hunter**  
**SSG Douglas Pleshaw***

National Nurses' Week activities began on 6 May 2002 for military and civilian nurses assigned to the 121st General Hospital, Seoul, Korea. The week began with tours of the Republic of Korea (ROK) Military Hospital and the ROK Military Nursing Academy. The 325-bed hospital is the second largest military healthcare facility in Korea and it provides a myriad of specialized medical and surgical services to active duty personnel only. Family members and retirees are not eligible for care at the Korean military hospital and are seen in civilian hospitals. During time of war or tragedy the hospital can expand its capabilities to accommodate three times its patient load.

Nursing in the ROK military facility is similar to the United States. There are limited nursing personnel to handle the multiple tasks associated with delivering prudent, quality patient care. However, many of the ambulatory patients in the facility are responsible for their own activities of daily living as well as assisting with other assigned tasks and care. The most able and ambulatory patients are required to assist with transporting fellow soldiers, helping other soldiers with their meals and assisting them with AM care, which they do willingly without hesitation. This promotes esprit de corps among the soldiers.

The impact of the latest technological advances in western and eastern influences were evident everywhere we went in the hospital and the academy. A state of the art computerized charting system is used hospital-wide, allowing providers and

nursing staff to easily and readily access patient lab, x-ray and consultant information from any location in the hospital. A recently installed new MRI machine is frequently in use. The pharmacy stocked an abundance of western medicines as well as Korean herbs and cocktails used in the treatment of various illnesses. A popular practice in the patient care milieu is acupuncture and cupping, both of traditional eastern origin.

The ROK Military Nursing Academy is under the command of Brigadier General Yang, Seung Suk, Korea's first and only female general. Entry into the Nursing Academy is very competitive. There are twenty applications for every open slot. Although a strenuous and demanding program, the school has a licensure pass rate of 95%. Prior to entering the academy, selected cadets must undergo and pass intensive written and physical testing. Upon completion of the program, each cadet graduates with a Bachelor of Science in Nursing, certification in Community Health Nursing, certification in school nursing, a teaching certificate, and a black-belt in Tae Kwondo. At the commissioning ceremony the Minister of Defense assigns each officer to a specific service branch. Cadets have no idea in which branch of service they will serve until the ceremony. After their assignment the newly commissioned Nurse Corps officers continue their military education with intense tactical training in areas such as infantry. Presently, male cadets have not been admitted into the academy. However with advances in Korean healthcare and an increasing need for nursing personnel, BG Yang stated she expects to admit male cadets between 2005-2007.



1st row: LTC Yoon, LTC Park, COL Min, BG Yang, LTC Phyll, LTC Gruber, LTC Eo 2nd row: CPT Park, CPT Price, CPT Lee, MAJ Caldwell, CPT Oleson, MAJ Koser, CPT Brooks, MAJ Lott, SGT Abdel-Hameed, MAJ Park. 3rd row: CPT Gore, CPT Shank, MAJ Ahearne, CPT Wilson, CPT Kvalevog, SSG Pleshaw, LT Hunter, SSG Culler.

We were most appreciative of the hospitality and kindness extended by our hosts and for the opportunity to tour their medical facility and academy. We will continue to share ideas and opportunities for cultural exchange and training with our Korean counterparts. We have a great respect for our Korean counterparts and the training required for the work they do. It certainly made us reflect on the training we have had, the benefits we have and the work we continue to do to ensure the readiness of our fighting forces.



## Military Order of the Purple Heart Annual Memorial Service

The Military Order of the Purple Heart, a veteran's organization comprised of recipients of the Purple Heart Medal, will hold its annual Memorial Service honoring Wartime Nurses at the Nurses Memorial, Arlington Cemetery at 2:00 pm on **Friday September 13, 2002.**

This annual memorial service gives our National Officers and members of Military Order of the Purple Heart the opportunity to recognize the Nurses who are instrumental in caring for our wounded service members.

The Nurses Memorial is located in Section 21 of Arlington Cemetery, which is just west of the Amphitheater on Porter Drive. Seating will be available. Please notify Joyce Beene, Executive Assistant, at (703) 642-5360 if you plan to attend.

## Another Research Study Survey.... What's in it for me?

Your knowledge and experience is vitally important to the future of Department of the Army nursing. Please take the time to complete and return the Ethical Issues Questionnaire that has been distributed at Army health care facilities world-wide. You will be helping to identify areas for education and improvement.

If you received a study packet, please take a few minutes to complete and return the questionnaire. Your help is greatly appreciated. If you did not receive a packet, please e-mail the research team at [nursingresearch@hotmail.com](mailto:nursingresearch@hotmail.com) and we will mail one to you.

## Soldier Nurse Poem MAJ Cheryl Robinson

I saw you early this morning  
As you ran around the track;  
Not the swiftest or the fleetest,  
In your Army gray and black.  
But you hung in there with the rest  
Proud that you could pass the test  
Who are you?  
Soldier? Nurse?

I saw you come in this evening  
In crisp and starched white  
You helped me try when I wanted to give up  
You taught me how to fight  
You showed me how much strength I had within  
Helped me want to start living again  
Who are you?  
Soldier? Nurse?

I saw you late last night  
I thought you were a mirage  
I thought I must have been dreaming

# NEWS FROM AROUND THE AMEDD

## 2002 Summer Institute on Evidence-Based Practice

On **18 - 20 Jul** the 2002 Summer Institute on Evidence-Based Practice: "**Best Practice: Basics and Beyond**" takes place at the Menger Hotel, San Antonio, Texas. The planning committee for this conference was a collaborative effort by nurse researchers, educators and executives from UTHSCSA, VA, and US Army and US Air Force. The POC or sponsor agency is the Academic Center for Evidence Based Practice (ACE) at the UTHSCSA.

This will be an excellent conference that would be of particular interest to nurse clinicians, advanced practice nurses, nurse researchers, nurse educators, and nurse administrators. If you are interested the web site is: <http://www.acestar.uthscsa.edu/institute/su02.html> Or phone (210) 567-5850 if you need a brochure mailed to you or by requesting it from their director at email address: [tierneyguma@uthscsa.edu](mailto:tierneyguma@uthscsa.edu).

## ANC Strategic Issues Conference

The Strategic Issues Conference is **9-12 September** in San Antonio, Texas. Welcome letters were sent in late June to invitees. The POC is LTC Ellen Forster at (210) 221-6659 for further information.

## AMSUS 2002 Abstract Call Announcements

The 108<sup>th</sup> Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) is in Louisville, Kentucky 10 - 15 November 2002. The poster sessions will be held Monday, 11 November 2002. The "**Call for Abstracts and Posters**" are on page 18 & 19 of this newsletter.

## Chief, Army Nurse Corps Award of Excellence Award Announcement

The nominations from Chief Nurses for the Chief, Army Nurse Corps Award of Excellence for Junior Officers are due **NLT 3 SEP 02** to MAJ Laura Feider. The MOI and nomination sample were distributed via email in late MAY 02 to the chief nurses. Please email or call MAJ Feider (210) 221-6221 for further clarifications. The MOI and sample nomination write-ups are posted on the ANC Web page, click on professional development. **The COL (Ret) CJ Reddy Junior Officer Leadership Conference is 9-12 DEC 02 in Washington, D.C.**



But no, it was just the camouflage  
You quietly made sure things were just right  
You kept me safe throughout the night  
Who are you?  
Soldier? Nurse?

I even saw you on New Year's Day  
Everything was 'dress right dress'  
You looked real fine in those Class A's  
I certainly was impressed  
But you changed into scrubs that day  
Said it's time for work, not time to play  
Who are you?  
Soldier? Nurse?

The way you wear your uniform  
Reflects your confidence and pride  
But even in the midst of 'uniformity'  
The individual cannot hide  
You are of a noble breed  
One who adheres to the highest creed  
Who are you?

Your uniforms tell me – **YOU ARE A SOLDIER!**  
But your heart tells me – **YOU ARE A NURSE!**

**Congratulations** to the following officers who recently earned the coveted Expert Field Medical Badge! **HOOAH** to all of them!

**Ft. Bragg:** 2LT Steven Sshmelzer  
2LT Elizabeth Chase, HONOR GRADUATE  
COL Marilyn Brooks

**212<sup>TH</sup> MASH:** CPT Rowdy Anthony  
SSG Reginald Moise  
SPC Andrew Jackson

**Major Sara Breckenridge-Sproat** is currently assigned to 67th CSH/Wurzburg MEDDAC as Chief, Mobilization, Education, Training and Security and recently published 4 articles:

--**Breckenridge-Sproat, S.,** Hunt, E., Website Development and Design, National Nursing Staff Development Organization (NNSDO) Monographs (in press).

--**Breckenridge-Sproat, S.,** Principles of Website Development and Design: Powerful Educational Tools. Journal for Nurses in Staff Development Vol. 18(2), (68-72).

--**Breckenridge-Sproat, S.,** (2001) Using Organizational Artifacts to Influence Change. Journal of Nursing Administration, 31(11), 524-526.

--Callahan-Hunt, E., **Breckenridge-Sproat, S.,** Nursing on the 'Net: E-Business for the Aspiring Nursing Informatics Entrepreneur. Nursing 2001. (in press).

Congratulations to **MAJ(P) Caterina Lasome**, doctoral candidate at the University of Maryland, and her research colleagues, LTC(Ret.) Rebecca Torrance and LTC(Ret.) Janice Agazio, on their recent publication, "Ethics and Computer-Mediated Communication: Implications for Practice and Policy." The manuscript can be found in the Journal of Nursing Administration, vol 32, no 6, pp. 346-353. This manuscript resulted from her larger TriService Nursing Research Program funded study on email communication in nursing middle management. Thanks are extended to those Army nurses who participated in this study.

**MAJ(P) Christine (Garner) Johnson** co-published the article "Differentiation of the Health Behavior Patterns Related to Prostate Cancer Screening Among African-American Men in Military Settings" in Military Medicine, May 2002.

**MAJ(P) Kathy Prue-Owens**, Head Nurse and CNS Cardiology Clinic, Tripler AMC co-published "Using the Internet to Assess Health Behaviors in Cardiac Rehabilitation Patients" Official Journal of the American College of Sports Medicine Vol 33, No 5 Supplement, Wednesday, May 29 May Supplement, 2002.

Congratulations to **LTC Richard Ricciardi**, Assistant Professor, Uniformed Services University of the Health Sciences, for his recent publications and TSNRP grant funding!

--Gibbons, S., Adamo, G., Padden, D., **Ricciardi, R.,** Graziano, M., Levine, E., & Hawkins, R. (2002). Clinical evaluation in advanced practice nursing education: Using standardized patients in health assessment. Journal of Nursing Education, 41 (5), 215-221.

--**Ricciardi, R.** (2001). **Respiratory disorders** (p. 135-171). In K. Bush and L. Scudder (Eds). Pediatric Nurse Practitioner Review and Resource Manual. Washington DC: Institute for Research, Education and Consultation, American Nurses Credentialing Center.

The Nursing Practice of Army Nurse Corps Officers in Operations Other Than War. (Principal Investigator: Janice G. Agazio; Co-Investigators: **Laura R. Brosch**, Beverley A. Cornett, **Richard Ricciardi**, **Karen Gausman**, Norma Flaherty). Funded by the Tri-Service Nursing Research Program, \$80,000. **LTC(P) Brosch** is the Chief, Nursing Research Service and Walter Reed AMC and **LTC Gausman** is also assigned at USUHS.

**Fourteenth Annual**

**KAREN A. RIEDER NURSING RESEARCH POSTER SESSION**

**CALL FOR ABSTRACTS**

The **Karen A. Rieder Nursing Research Poster Session** is sponsored by the Navy Nurse Corps and is dedicated to sharing professional nursing research findings. Registered nurses in the federal services and the American Red Cross are invited to submit abstracts for the Fourteenth Annual Karen A. Rieder Nursing Research Poster Session to be held during the 108th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in Louisville, Kentucky, 10-15 November 2002. The poster session will be held Monday evening, 11 Nov. 2002.

**Requirements**

- \* The principal investigator must be a registered nurse in the federal service or the American Red Cross.
- \* The research must have been initiated and/or completed within the past five years.
- \* Abstracts must be limited to two typed pages. Abstracts longer than two pages will not be considered.
- \* Studies involving human subjects or animals may be required to have an Institutional Review Board (IRB) approval number. Funding sources should be noted on the abstract and poster (i.e. TSNRP, ANF, SST).
- \* Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
- \* Posters must fit on a table approximately three feet by six feet.
- \* **Submit an original abstract as an E-mail attachment in MS Word**; or in hard copy with a disk copy; Faxed abstracts will not be accepted.
- \* Abstracts must be received by the deadline: **26 July 2002**.
- \* Abstracts must address the following:
  - Aims/objectives of the study, including hypotheses or research questions
  - Theoretical framework (if applicable)
  - Research design, methods, statistical analysis
  - Study findings and implications for nursing

**Selection of Abstracts for Presentation**

- \* Abstracts will be reviewed and selected by a committee of Navy Nurse Corps Researchers.
- \* The selection committee will consider diversity of topics and exhibition space in making selections.
- \* All accepted abstracts will be reproduced in a "book of abstracts".
- \* At least one of the study authors must be present at the session, Monday, 11 November 2002.

**ABSTRACT SUBMISSION DEADLINE: 26 July 2002**

**Please submit an original abstract as an E-mail attachment (MS Word) to:**

Harry J. Tillman Ph.D.  
CAPT, NC, USN  
Director, Clinical Investigations Program (Code 0P6)  
Naval School of Health Sciences  
8901 Wisconsin Avenue  
Bethesda, Maryland. 20889-5611  
Email: [hjtillman@nsh10.med.navy.mil](mailto:hjtillman@nsh10.med.navy.mil)

**For further information please contact:**

CAPT Harry J. Tillman NC, USN  
Phone: 301-295-0393 DSN: 295-0393  
Email: [hjtillman@nsh10.med.navy.mil](mailto:hjtillman@nsh10.med.navy.mil)

CDR Civita Allard NC, USNR  
Phone: 315-792-5529  
Email: [callard98@hotmail.com](mailto:callard98@hotmail.com)

**Notification of acceptance and further instructions will be sent no later than 09 August 2002**

## AMSUS 2002 – “Relevant and Reasonable, The Future of Federal Health Care”

### Call for Posters

Registered nurses in the federal services and the American Red Cross are invited to submit a poster abstract for the Federal Nursing Section Poster Session to be held during the 108<sup>th</sup> Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) Louisville, Kentucky 10 - 15 November 2002. The poster session will be held Monday, 11 November 2002.

The Federal Nursing Section Poster Session is sponsored by the Federal Nursing Service Council and is dedicated to sharing professional nursing knowledge and improving the delivery of health care services.

**This program is different from the Karen Rieder Nursing Research Poster Session. Research is not required.**

Below are some examples of topics that relate to the theme of the 2002 conference.

Educational Technology	Patient Education Issues	Innovative Clinical Practice Issues
Educational Assessment	Technology Assessment	Current Trends in Informatics
Telemedicine	Multidisciplinary Approach to Care	Patient Safety
Clinical Pathways	Alternative Therapies	Population Health/Managed Care
Research Based Practice	International Health	Case Management/Demand Management
Access to Care	Deployment/Hospital Ship Experiences	Ethics / Critical Thinking

### Requirements

- \*The principal poster presenter must be a registered nurse in the federal service or the American Red Cross.
- \*Posters must fit on a table approximately three feet by six feet. The use of electrical support is not recommended.
- \*Abstracts must be limited to two typed pages. Abstracts longer than two pages will not be considered.
- \*Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors.
- \* Submit an original abstract in hard copy or as an e-mail attachment in MS Word. Faxed abstracts will be accepted.
- \* Abstracts (hard copy, e-mail, or fax) must be received by the deadline: **16 Jul 2002**
- \* Abstracts must address the following:
  - Aims/objectives of the poster
  - Findings and/or implications for nursing

### Selection of Abstracts for Presentation

- \* Abstracts will be reviewed and selected by Federal Nursing Section representatives from each service.
- \* The selection committee will consider diversity of topics and exhibition space in making selections.
- \*Unless otherwise specified, the principal presenter on the abstract will be expected to present at the session. Presenters must make their own funding arrangements.
- \*ALL INDIVIDUALS WHO SUBMITTED ABSTRACTS FOR AMSUS 2001 ARE WELCOME BACK. PLEASE RSVP. DO NOT RESUBMIT ABSTRACT.**

### ABSTRACT SUBMISSION DEADLINE: 16 Jul 2002

Please submit an original abstract in hard copy, as an E-mail attachment (MS Word) or by fax to:

Marianne Farrar, Col. USAFR NC, IMA  
 Donna Lake, Lt Col. USAF, NC  
 HQ USAF/SGCN  
 110 Luke Avenue, Room 400  
 Washington, DC 20332-7060  
 202-767-4490; FAX 202-404-7366  
 603- 624-2178 (civilian POC location)

Email: marianne.farrar@pentagon.af.mil

Community Health Nurses: Have you heard about the  
**2nd Annual DOD Population Health and Health Promotion Conference**  
to be held in Baltimore, 9 - 16 August, 2002?

This is an opportunity to meet with your fellow CHNs and get up to date with all the exciting things happening. There are 2 conferences going on this year at the same time, which may be a little confusing. The 2 conferences are the Force Health Protection Conference and the DOD Population Health and Health Promotion Conference.

**The CHNs need to register under the DOD Population Health and Health Promotion Conference.** This allows you to also register for the skills training workshops taking place on 9, 10, and 11 Aug. prior to the start of the actual conference.

Once registered for the conference, you can attend any of the sessions offered by either conference 12-16 Aug. For the skills training workshops you must register for the particular workshops you wish to attend. Some of these workshops have a limit on the number of participants so be sure to register.

On the 9<sup>th</sup> and 10<sup>th</sup>, the Humanitarian Disaster Training Workshop is recommended for CHNs. If you have not been to Humanitarian training lately, this one should be excellent. The workshop is provided by Johns Hopkins University staff. See the Conference web site for more information.

On Sunday, 11 Aug, we will have a one day workshop just for Army CHNs that will include updated information from our new PERSCOM CHN Personnel Manager, MAJ Agin, CYSD updates, deployment issues and what's in the future for the shape of Community Health Nursing. During lunchtime we have a dynamic speaker (Dr. Linda Alexander, a retired CHN) scheduled and hopefully a visit by BG Bester.

Lunch will be available with the cost approximately \$19.25 per person. This will include

Soup du Jour,

Assorted Rolls

Entrée of Baltimore Caesar Salad.

The salad is with a choice of Grilled Chicken or Blackened Salmon, Romaine Lettuce, Aged Parmesan, Garlic Croutons and traditional Caesar Dressing.

Dessert,

Coffee and herbal tea

The cost may sound a little high for lunch but it really is not bad considering the Inner Harbor area and the convenience of not having to fight the crowd. In order to make this lunch happen I need to know for sure those who will attend. Once I submit the numbers for those eating, we are committed for those numbers and will be responsible for the cost if someone changes their mind at the last minute. Anyone may attend the presentation even if you do not plan to eat. Please RSVP **not later than 20 July** for the lunch presentation. **A form is included with this message that you may cut and paste on an e-mail and send to me to RSVP** at [Sharon.reese@apg.amedd.army.mil](mailto:Sharon.reese@apg.amedd.army.mil). Those who RSVP intending to eat lunch will be expected to provide payment Sunday morning (cash, please) on the 11<sup>th</sup> at the beginning of the day. Again, please make sure you do intend to eat lunch if you RSVP indicating so but don't stay away from the lunch presentation just because you don't want to eat, there is room for all.



## CHN Luncheon

I plan to attend the lunch presentation ☐yes ☐noPlease order lunch for me at \$19.25. ☐yes ☐no☐Grilled Chicken☐Blackened Salmon

Name \_\_\_\_\_

Day Contact number \_\_\_\_\_

Ok, did you register for the wrong conference and need to make a change? If so, not to worry. When you registered you received a confirmation e-mail. On that e-mail you had a user name and password and were given a web site to go for changes. Be sure you go to the web address included in that message. You will need to cancel your registration and then go back through the registration process again. If you don't have your confirmation message, contact me( [Sharon.reese@apg.amedd.army.mil](mailto:Sharon.reese@apg.amedd.army.mil) )and I'll help you. If you haven't registered yet for the conference be sure to do so. The web site addresses are included in this message.

Check out the **Conference web site** at:  
<http://chppm-www.apgea.army.mil/fhp/>

Check out the **day-by-day Conference schedule** at:  
<http://chppm-www.apgea.army.mil/fhp/Schedule.asp>

Take note of these **Skills Training Workshop** opportunities:

**Controlling Injuries in the Military**

**American College of Sports Medicine Exercise Leader Certification**

**Weight Management**

**Dental Health Promotion Workshop**

**Fundamentals of HIV-STD Prevention Counseling**

Humanitarian Assistance Workshop

American Lung Association Tobacco Cessation Instructor Facilitator Certification

CHN Strategic Planning

**Registration is now open**

for both the Skills Training Workshops and the  
 2nd Annual DOD Population Health and Health Promotion Conference.  
 Don't miss this excellent learning opportunity!



## SIXTEENTH ANNUAL PACIFIC NURSING RESEARCH CONFERENCE

"Weaving a Community of Scientific Inquiry and Practice"

March 7 & 8, 2003

*Hilton Hawaiian Village (Waikiki) Honolulu, Hawaii USA*

### Call for Abstracts

The 16th annual Pacific Nursing Research Conference is co-sponsored by the Tripler Army Medical Center and the University of Hawai'i at Manoa School of Nursing and Dental Hygiene. This conference is dedicated to sharing nursing research findings and to fostering the utilization of research findings by clinicians. Nurses are invited to submit abstracts for poster or podium presentation for the conference to be held at the Hilton Hawaiian Village in Honolulu, Hawaii, March 7 and 8, 2003.

**ABSTRACT SUBMISSION DEADLINE: 30 SEPTEMBER 2002**

#### Presentation Formats

- Each PODIUM presentation will be 15-20 minutes in length
- The POSTER session will consist of visual displays

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#### Abstract Requirements

- All research topics are welcome.
- Research must have been initiated and/or completed within the past five years.
- Research must be completed by the time of submission to be eligible for podium presentation.
- In-progress or completed research or projects are eligible for poster presentation.
- Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
- Funding sources should be noted on the abstract.
- Clinical applications and projects are eligible for poster presentation.
- Abstracts must be received by deadline, **30 September 2002**
- Submit an original abstract as an e-mail attachment in MS Word or Wordperfect.

#### Selection of Abstracts

- A blinded-review of abstracts will be conducted by a committee.
- Selection will be based on clarity, logical consistency, and coherency of research.
- All abstracts will be reproduced in a book of proceedings. Submission implies approval to reprint the abstract in the proceedings book, and title and author on announcement of conference.
- Unless otherwise specified, the first author is expected to be present at the conference.
- Attendees are responsible for conference registration fees as well as travel and lodging costs.

#### Abstract Preparation

- Abstracts must be limited to a single page. Abstracts longer than one page will not be considered.
- Indicate on the author form whether abstract is to be considered for podium or poster presentation.
- Abstract must address the following areas:
  - Aims/objectives of the research
  - Theoretical framework (if applicable)

- ▯ Research design, study sample, methodology
- ▯ Statistical analysis
- ▯ Study findings
- ▯ Discussion and implications for nursing
- ▯ Funding sources should be noted on bottom of abstract.
- ▯ Margins set to 1 inch.
- ▯ Minimum font size is 12-point type.
- ▯ Study title centered at the top.
- ▯ Names of investigator(s) and institution(s) centered under the title.

**Please specify author contact information on separate page:**

1. Specify whether abstract is to be considered for poster or podium presentation.
2. Presenter Contact Information (Specify name, title, affiliation, address, phone and e-mail):

Name \_\_\_\_\_

Title \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

e-mail \_\_\_\_\_

fax \_\_\_\_\_

3. Other authors (Name, title, affiliation, address, phone, and e-mail).
4. Two learning objectives, content outline for each objective and presenter's curriculum vitae **MUST** accompany each submission.

**Please submit the original abstract with author contact information, two learning objectives, content outline for each objective and presenter's cv as an E-mail attachment in MS Word or Wordperfect to:**

e-mail: [patricia.wilhelm@haw.tamc.amedd.army.mil](mailto:patricia.wilhelm@haw.tamc.amedd.army.mil)

Patricia Wilhelm, RN, PhD(c)  
Lieutenant Colonel, Army Nurse Corps  
Nurse Researcher  
Department of Nursing  
Tripler Army Medical Center (MCHK-DN)  
1 Jarrett White Road  
Tripler AMC, Hawaii 96859 USA

**Notification of acceptance and further instructions will be sent no later than 30 November 2002.**

**For further information please contact:**

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Lieutenant Colonel, Army Nurse Corps  
(808) 433-2753  
[hyacinth.joseph@haw.tamc.amedd.army.mil](mailto:hyacinth.joseph@haw.tamc.amedd.army.mil)

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